Clintel Forms Builder Manual

Gen 3

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Introduction

The forms builder enables the conversion of forms and assessment tools into electronic format.

Electronic forms can have added features such as

- automatic calculations
- Suggest further assessments
- Suggest care plan items and **populate them with data**
- Show certain questions based on specific answers (branching logic)

Forms can be used for client assessments, location forms and staff forms.

Forms can be used to gather additional data items for Minimum Data Sets

The Forms Page

Code	Code of the assessment
Title	Title of the Assessment
Version	Version number of the assessment
Category	You can assign categories to assessments for easy sorting – Assessment categories are set up in Generic Codes
Type	Denotes where the assessment is used eg patient, location or staff
Disabled	Status of the assessment - if Disabled the Disabled flag displays
Created	Date of assessment creation
Updated	Date assessment last updated
Actions Links	Links to actions - Edit - Destroy (only on unpublished forms) - Enable / Disable - Export - Copy - Publish (only on unpublished forms) - Archive – moves an assessment to the Archive View

Filter

Type a key word for the assessment you are looking for a click the apply button to filter for particular assessment/s.

Archived

Link to the list of archived assessments. Archived assessments can be restored to the current view

New Assessment

Click to commence building a new assessment

Import

Click to import an assessment.

Create New Form

a. Click the Forms tab
b. Click New Assessment link
c. Enter Forms code in Name field
d. Enter form Name in Title field
e. If desired enter a description
f. Select where the form is to be used
      a. Patient
      b. Location
      c. Provider
      d. Care Plan (coming in a future release)
g. Click Create
h. Once the form has been saved – click the EDIT button to begin building your form.

NB: If you wish to make changes to an existing form – use the copy function and edit the copy.

Editing Forms

Assessment Details

Field	Description
Code	Code of the assessment
Title	Title of the Assessment
Version	Version number of the assessment
Category	You can assign categories to assessments for easy sorting – Assessment categories are set up in Generic Codes
Description	Denotes where the assessment is used eg patient, location or staff
Which views?	a. Patient b. Location c. Provider d. Plan Items – assessment is attached to a care plan item
Ongoing document	Default is no. If selected, a document can be completed over a number of days / weeks and information already entered is made read only i.e Monthly Bowel Charts
Test patient id	Each patient has an ID number which can be noted in the URL when the patient record is open – not this number and enter it here to preview your form with patient details while you are modifying it
Unique Identifier	Click the "Get unique ID" to load extra verification (optional)

Drag and drop the required question types into the Assessment details window.

Click each item to edit the values. The editable items will display to the right.

Click on the ✖ to remove questions from the view.

Click on the 📄 icon to copy a given question or group of questions

To view your form click the Preview link

Available Form Components

Form element	Usage	Element options
☐ **Group box**	Use a group box to place a set of logically related questions together	Title
A Static text	The static text box displays text to the user. This is good for adding instructional text	Nil
A Dynamic text	The dynamic text element allows the results of calculations to be displayed to the user. Any text placed between curly braces { and } is interpreted as a calculation result. *See calculations for more details*	Nil
Show if	The show_if element displays any elements it contains if it's condition property evaluates to true. This can be useful to show or hide sections of an assessment based on answers to questions in the assessment. See calculations for more details on the condition property	**Add a Condition** Drag and drop the "show if" button onto the assessment definition Click on the heading and the condition builder will display on the right hand side. Select the question to which the condition will apply Two further fields display – most commonly you will choose "equals" in the next field and type in Yes in the last field. Then you need to drag and drop what you want to display or happen into the show if box. eg Text field or static text, perhaps a suggested care element or further assessment.

Form element	Usage	Element options
A Label	Displays a simple piece of text in the assessment. This is useful for a simple description of an element and as column headers in tables.	Nil
abl Text field	The text field element can contain small amounts of free text. It can be restricted in what types of values it may contain using the **Format** property. Text fields can be used to import data from the resident administrative details by using the field name. For example, naming a field *first_name* will pre-populate the field with the patient's first name. If this is changed in the form, on approval the changes will be saved to the clinical record. To prevent changes, set the parameter **Read Only** to Y*es*. See **Client field names list** for a full list of field names that will pre-populate a form with client data.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Display Format**: This allows you to control the number of decimal places a field displays. For 2 decimal places use the following code: *%0.2f* **Size:** enter the number of characters for the field to accept **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **Format:** – It can be restricted in what types of values it may contain using the **Format** property.

Option	Meaning

Form element	Usage	Element options
		<table><tr><td>any</td><td>Any type of data may be entered into the field</td></tr><tr><td>integer</td><td>Only whole numbers may be entered</td></tr><tr><td>number</td><td>Any number may be entered</td></tr></table> **On change:** allows advanced users to add code
▤ Text area	The text_area element is used to enter large amounts of free text into an assessment. This is useful for things such as comments and notes.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Columns:** enter the number of columns for the field to accept – this adjusts the width of the text area **Rows:** enter the number of rows for the field to accept – this adjusts the depth of the text area **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
🖼 Image	The image element allows an	

Form element	Usage	Element options
	image to be embedded into an assessment. The image can either be referenced via an URL or uploaded directly into the system. Unless you control the server where the images are stored it is not recommended to use the URL property.	
Yes no	The yes_no element displays a pair of radio buttons pre-configured to answer "Yes or No" type questions.	**Name:** name given to the field by user **Position:** position number in the list of elements **Description:** Enter the question required for yes/no **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes can be used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
Date picker	The date_picker element allows a date and time to be embedded into an assessment. This is useful for recording things like when an activity was performed.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Size:** enter a number for preferred size – around 15 is minimum size to diplay full date **Required:** Yes makes the field mandatory for user to complete

Form element	Usage	Element options
		when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
🔍 **Hidden field**	Hidden fields can contain data that you want to attach to an assessment that you do not necessarily want the users of the assessment to have access to directly. The hidden field element also forms the basis of linking an assessment to a client. If you have a field called **patient_id** it will be linked to the current client when the assessment is initiated. *NB: All assessments for use in the client record should have the hidden field patient_id*	**Size:** enter a number for preferred size **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **Format** • Any • Number • Integer • Date • Time • Timestamp
🔍 **Generic code**	The Generic Code button allows for the selection of items from any of the existing Generic Codes. These are the drop down lists that appear through CareRight. Examples would be title, religion, etc	See Adding a Generic Code for a guide on its use.
🖩 **Calculation**	The assessment system allows calculations to be performed based on the answers to the questions contained in the assessment. Calculations do not display the value, you may use a Dynamic Text field to display the data.	**Report parameter values:**

Form element	Usage	Element options
Radio Group	The radio group element displays a set of mutually exclusive options and allows the user to choose **only one** of them. Each option can have a value applied if required which can then be used to calculate results.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
Select	The select element enables the setup of a list of mutually exclusive options and allows the user to choose one of them.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for

Form element	Usage	Element options
		reports. **On change:** allows advanced users to add code
☒ **Check Box**	The check_box element allows presents the user with a "Tick the box" on the assessment. Check box lists allow multiple selections. You need to add a new check box item for every check box required They are either *true* or *false*	**Name:** name given to the field by user **Position:** position number in the list of elements **Description:** Enter the field title to be displayed **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
▣ **Suggest**	The suggest element allows the results of an assessment to be used to suggest new assessments or plan items. A condition must be set which triggers the system to add the required assessment/s or care plan/s. This will fire on approval. Use commas to add multiple assessments or care plans. The resulting assessment or care plan appears under the	**Condition**: Set the condition for which the Assessment or Care Plan is suggested **Assessment**: enter the code of the suggested assessment (latest version is used) OR **Plan item**: enter the code of the suggested care plan **Extra care plan text**: use the same format as Dynamic text to place key information into the care plan.

Form element	Usage	Element options
Client Detail	Inserting this item allows the user to automate insertion of clinical details including:- • Address • Alerts • Allergies • Immunisations • Medications • Diet • Diagnosis • Problems • Procedures • Insurance Insertion of any of these items provide access to the active grids so items can be added to the client record via the assessment. Once an assessment has been Submitted, these items become read only in the assessment, ensuring they correctly reflect the client's status at the date and time of the assessment.	Patient address also asks user to select which address
Client Picker	Insertion of this item enables the user to select any client in the database to display on the assessment or form. It uses the same search functions as elsewhere in the application.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for

(Top of page, above table: "suggested" tab.)

Form element	Usage	Element options
		reports. **On change:** allows advanced users to add code
🏠 **Location Picker**	Inserting this item enables the user to select any location within the organisation to add to a form. The search feature works the same as elsewhere in the application.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter. **Show in reports:** Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
👤 **Staff Picker**	Adding this item to an assessment or form enables the user to select a staff member of provider from the system eg Doctor. The search function works the same as elsewhere in the application. The filter can restrict the list of staff in the list based on Staff Type on display.	**Name:** name given to the field by user **Position:** position number in the list of elements **Title:** Enter the field title to be displayed **Required:** Yes makes the field mandatory for user to complete when editing the form on client record **Read Only:** Yes – used for fields imported from patient record or other assessments that you don't wish the user to alter.

Form element	Usage	Element options
		Show in reports: Yes – the default option – change to No if the item is not required for reports. **On change:** allows advanced users to add code
Code	This element is for advanced users only – please discuss with Clintel Systems before using this item	
Validation	This element is for advanced users only – please discuss with Clintel Systems before using this item	
Table	The table element enables elements on forms to group fields into tables. • Elements within a table element display in rows and columns. • Within a table each group forms a row • Any elements within that group form a column • Show_if elements within a table form another row unless they are already also within a group.	See also design suggestions later in this manual
Image Upload	The image upload button enables the user to upload a jpg image to an assessment e.g an image of a wound	
Import data	The import_data element allows data entered on previous assessments to be copied into the current assessment. The values will be copied from the most recently performed instance of the chosen assessment. The **Assessment code** field contains the assessment name to copy values from and optionally	

Form element	Usage	Element options
	the **Assessment version** field contains the minimum assessment version. If the **Assessment version** field is not specified then any approved assessment will be used. Each field to be imported must be defined here with the name of the Source field and the Destination field (NB: They can have the same name) The destination field should be the same element type as the source field e.g. if source is yes/no the destination should be Yes/No	
Journal Log	The Journal log enables you to specify what assessment details are included in the Clinical / Progress Notes entry. It operates in similar fashion to the Dynamic text fields.	
Prerequisite	The prerequisite element allows the creation of an assessment instance to be dependent on another assessment being performed. The Assessment code field contains the assessment name required and optionally the Assessment version field contains the minimum assessment version. If the Assessment version field is not specified then any approved assessment will be used. The Message field contains an optional message to be displayed	

Form element	Usage	Element options
	if the required assessment is not found. *TIP: If more than one pre-requisite assessment required modify custom message to prompt user about BOTH assessments.* *The default warning message will only warn for the first pre-requisite.*	
Form name	This allows you to create a meaningful name based on values entered into the form. The form name element allows the name of a form as displayed in the assessments grid to be altered depending on the values entered in the assessment instance.	**Form name expression:** contains an expression that is evaluated whenever the form is saved. If the expression results in a non-null and non-empty string this value is used as the name for the assessment in the grid, otherwise the default form name is displayed.
File upload	The file upload button enables the user to upload any file type to an assessment e.g. pdf, word, zip, etc	
Clone form	The clone_form element allows the contents of an assessment to be cloned on approval. If used with the form name function, you can automatically renames the form if the form name is specified	The **Number of clones field** contains an expression that is evaluated whenever the form is approved. The value returned is used as the number of clones to create. The **Sequence Target field** contains an optional name of a field in the cloned assessment instances that will contain the clone number. It should be a numeric or integer field.

Cloning a form and renaming it

The following fields need to be present in the form to allow cloning and then renaming based on the clone number.

element name	Type	Other settings	Comments
Clone_number	Hidden field	**Format**: integer	Hidden field to contain the clone number
Number_of_clones	Text_field	**Format**: Integer	Number of clones to make of the form
Clone_form	Clone_form	**Number of Clones:** if(not(hasvalue(clone_number)), number_of_clones, 0) **Sequence Target:** Clone_number	Code to do the cloning
Form_name	Form_name	**Form name expression:** if(hasvalue(clone_number), 'Referral Form - Session '+string(clone_number), 'Referral Form - Initial Allocation')	Code to rename the form

Read Only fields by default

The following elements now have a flag to set as "Read Only".

- Text field
- Text area
- Yes/No
- Date picker
- Generic code
- Radio group
- Select list
- Check box
- Patient picker
- Location picker
- Staff picker

HTML formatting

You can use a limited number of HTML tags to format some text based description fields. The tabs need to surround the text that you wish to format.

Name	Tag	Description	Example Use
Headings	h1, h2, h3, h4	Formats text into a larger heading font/size	This is a level 2 heading
Bold	b	Formats the text bold	bold text
Italic	i	Formats the text italic	<i>italic text</i>
Underlined	u	Formats the text underlined	<u>underlined text</u>
New line	br	Adds a new line in the paragraph.	Line 1. Line 2. Line3.

Performing an Assessment that has a Pre-Requisite Assessment

1. Ensure the pre-requisite assessment has been completed
2. Create the target assessment as normal
3. Data from the Pre-requisite assessment will be imported.
4. Approve as normal

NB: Where a pre-requisite assessment has not been performed, the user will be prompted and cannot proceed.

If a pre-requisite is not set the user will not receive a message but the target fields will be blank.

Performing an Assessment where a pre-requisite has not been defined

1. Create new assessment as normal
2. If the source assessment has been completed
   a. The fields that have been set to import will be populated with data from the source assessment
3. If the source assessment has Not been completed
   a. The user will be allowed to continue but the fields will not be populated with data
   b. Depending on set up the field will either be read only and therefore blank
   c. OR will be blank but available for editing.
4. Complete and Approve assessment as usual

Calculations

The assessment builder is capable of performing complex calculations. This can be use to calculate scores or to alter the visible questions all based on answers to the questions posed in the assessment. The calculations that can be performed are similar to those that are possible in a spreadsheet, but have been simplified for clarity.

Each element in an assessment has a name. A calculation can use the values entered by the user into those fields by referencing the name. The following operations can be performed in a calculation.

Operator	Meaning
+	Addition
-	Subtraction
*	Multiplication
/	Division

Calculations may also contain parenthesis to alter the order in which the expression is evaluated.

For example:

  (field1+field2)*27

The calculation system can also be used to make decisions. These are done using comparison operators.

Operator	Meaning
=	Equal to
<>	Does not equal
<	Less than
<=	Less than or equal to
>	Greater than
>=	Greater than or equal to
and	both conditions are true For example: gender='M' and age > 50
or	either condition is true For example: gender='M' or (age < 50 and age > 90)

Simple numeric calculations can be performed using the basic arithmetic operators above, however sometimes they are not enough. That is why the system also includes a set of built in functions that augment the abilities of the calculation system. These functions are as follows

Function	Description
if	Returns one of two values depending on the value of the first. Example: if(field1=10, 'it was ten', 'not ten')
number	Converts the value of a given field into a number regardless of weather it is defined to contain numbers. If the field does not contain a valid number it returns 0
decode	Decode can be used transform one value into another. For example: decode(field1, 'a', 1, 'b', 2, 'c', 3) This will transform the value of field1 such that if it contains an 'a' it should be interpreted as 1, 'b' as 2 and 'c' becomes 3
fixed	Formats a numeric result with the specified number of decimal places For example: Fixed(field1, 2)
code	Returns the generic code value for the specified table and code For example: code('Application', 'Patient') will return the system defined term for a patient
hasvalue	Returns true if the specified field has a value
not	Inverts the value of passed expression For example: not(gender='M') will return true for any value of gender other than 'M'

Contact Clintel for details on usage of the following functions:

- case
- contains
- datediff
- day
- dayname

- dayofweek
- dayord
- disable
- enable
- endswith
- error
- errorif
- formatdate
- hour
- lower
- minute
- month
- monthname
- not
- now
- pow
- set
- startswith
- string
- upper
- year

BMI Calculation

The standard BMI calculation is as follows:

(weight / (height x height))

Where *weight* is in **Kilograms** and *height* is in **Metres.**

To represent this in a form, you can use the following elements:

Name	Element Type	Title	Format	Code	Comments
weight	Text_field	Weight (Kgs)	Numeric		Uses the weight value in the patient record
height	Text_field	Height (Metres)	Numeric		Uses the height value in the patient record
bmi_calculation	Calculation	n/a	Numeric	See below	
bmi_display	Dynamic_text	n/a	n/a	See below	

bmi_calculation

For whole number results: e.g. 25 use the following code:

*fixed(weight / (height * height), **0**)*

For a specific number of decimal places – replace the "0" with the number: e.g. 25.45 use the following code:

*fixed(weight / (height * height) , **2**)*

***The fixed* function formats the string to a certain number of decimal places.**

bmi_display

Use the following code to display the BMI:

BMI = {bmi_calculation}

Client field names list

Use the field name, generic code and/or data type to import client details into forms.

For example, naming a field *first_name* will pre-populate the field with the patient's first name. If this is changed in the form, on approval the changes will be saved to the clinical record.   To prevent changes, set the parameter **Read Only** to *yes*.

Name	Data Type	Generic Code Table	Assessment Element
birth	datetime		date_picker
birth_country	string	Country	generic_code
birth_order	integer		
cim_imported	datetime		
cim_person_id	integer		
cim_resident_id	integer		
cim_updated	datetime		
civil_duties	boolean		checkbox or yes_no
community_recipient_id	string		text_field
confidential_birth	boolean		checkbox or yes_no
confirmation	boolean		checkbox or yes_no
crn	string		text_field
current_charges	text		text_area
date_stamp	datetime		
death	datetime		date_picker
death_indicator	boolean		checkbox or yes_no
delivery	string	Dlvry Mthd	generic_code
dva	string		text_field
dvacolour	string	DVA Colour	generic_code
ethnicity	string	Ethnic Ori	generic_code
eye_colour	string	Eye Colour	generic_code
facility_code	string		location_picker
first_name	string		text_field
gender	string	Gender	generic_code
gestation	float		text_field
hair_colour	string	Hair Clr	generic_code
healthcare_card_expiry	datetime		date_picker
healthcare_card_number	string		text_field
height	decimal		text_field
id	integer		
indigenous_status	string	indigstat	generic_code
language	string	Language	generic_code
last_name	string		text_field
lmo	integer		staff_picker
marital_status	string	Marital St	generic_code
medicare	string		text_field

Name	Data Type	Generic Code Table	Assessment Element
medicare_expiry	datetime		date_picker
medicare_irn	integer		text_field
medicare_ref	integer		text_field
middle_name	string		text_field
mobile_phone	string		text_field
mother_id	integer		patient_picker
mrn	string		text_field
multiple_birth	boolean		checkbox or yes_no
nationality	string	Nation	generic_code
next_court_date	datetime		date_picker
nok_patient_relationid	integer		
occupation	string	Occupation	generic_code
parole_date	datetime		date_picker
pension	string	Benefit	generic_code
pension_expiry	datetime		date_picker
pension_number	string		text_field
pension_status	string	molpentype	generic_code
picture_id	integer		
place_of_death	string	PlaceDeath	generic_code
primary_condition	integer		
release_date_edd	datetime		date_picker
release_date_eed	datetime		date_picker
religion	string	Religion	generic_code
religious_visits	boolean		checkbox or yes_no
require_interpreter	boolean		checkbox or yes_no
residential_recipient_id	string		text_field
review_by	integer		staff_picker
review_date	datetime		date_picker
second_language	string	Language	generic_code
title	string	Title	generic_code
user_contact	integer		staff_picker
weight	decimal		text_field
current_location_description	String		text_field

Enabling an Assessment

For an assessment to appear in the list it needs to be Published and Enabled.

1. Log into CareRight
2. Click Dashboard
3. Click Forms
4. Search for the name or code of the assessment
5. Click **Publish**
6. Then click **Enable**

Ensure any old versions of the form are disabled and archived – see the next section.

Updating an existing assessment

To update an existing assessment, you need to create a copy of it and work on that. The version number will be incremented automatically when you create a copy.

1. Log into CareRight
2. Click Dashboard
3. Click Forms
4. Search for the name or code of the assessment
5. Click **Copy** to create a new version of the assessment
6. Edit the new version, making the required changes
7. Whilst editing, use Check and Preview in the edit window to ensure the form changes look OK and don't cause any errors
8. When you have finished editing the new version of the assessment:
   1. Go back to the forms tab and search for the name or code of the form
   2. Locate the new version of the form that you have just finished editing (the update time will be the most recent in the list of results)
   3. Click **Publish**
   4. Then click **Enable**

Archiving old versions of an assessment

We would advise disabling and archiving all existing versions of a form when adding an updated version:

1. Log into CareRight
2. Click Dashboard
3. Click Forms
4. Search for the name or code of the assessment
5. All old versions of the assessment need to be disabled:
   1. Search for the form – for any that have a version number less than the current version number do the following:
      1. click **disable**
      2. Then **archive**

Design Parameters

This document is designed to provide a set of standards for building forms to ensure consistency and provide guidelines for those building forms.

Printing:

Forms include in the header on each page the following:
- Patient/Resident/Client details, including Medical Record Number, Surname, First name, Middle name, DOB, Location.
- Assessment title, date and time performed and by who, date and time approved and by who (includes name, title).
- Date and time printed and who printed.

These details do not need to be included as part of the form as they are automated.

Forms consideration:

All forms need to be considered in regards to:
- Form layout for data entry.
- Form layout on screen when retrieved.
- Form layout when printed.

Abbreviations should be limited to only those in common use it there is any doubt then abbreviations should not be used.
When asking for dates as part of the form consider providing an estimated flag or selecting a year only. Examples include operations, dates of treatments, dates commenced medications.
The display of numbers should be consistent.
- Temperature, BSL to one decimal point ie 37.1
- Pulse, BP, Peak Flow, to a whole number ie 88, 120/80
- Others ie number of children, number of admissions to be a whole number ie 2

General Forms Guidelines: Clear response areas
- Use of colour/grey scaling
- Linear completion
- Clear purpose for the form
- Clear who should complete the form ie RN, Doctor.
- Any prerequisites clear upfront ie to complete the form you need X
- Are there adequate instructions is it clear were to get help
- Sufficient space for written responses
- Does the form check logic of responses
- Are unnecessary questions skipped based on answers
- Is the user prompted to enter required data
- Is data entered into expanded fields displayed in the print out.
- Option to save and continue later
- On long forms is it clear where the user is up to and how many questions are left

- Are their appropriate section headings
- Can users provide feedback on the form
- Is a privacy statement required
- Are alternative browsers supported
- Can the form be used by users without a mouse (+/- requirement)
- Form title reveal the purpose
- Avoids the use of obscure terms or acronyms
- Contextual information related to the question if needed.
- If the form is long or multi use should it be made into separate forms.
- Simple everyday language
- Are there few words per sentence
- Does the form use words that mirror the users language
- Most questions have pick lists of answers
- The form completes calculations if required
- The form is self instructing
- Elements like question and answer boxes are placed consistently
- Avoids small print, decorative fonts, italics, extensive capitalisation of text, long line lengths, close line spacing or poor colour/shading contrast
- Follows left to right and top to bottom sequence
- Are the common questions up front and those that only relate to some further down the form
- Does the form display for those with visual impairments/large print
- Has there been client feedback
- Does the form address operational as well as policy requirementsThe form does NOT:
- Have lots of options
- Asks to recall information from the distant past

Reference

Australian National Audit Office (2006), User Friendly Forms Key principles and practices to effectively design and communicate Australian Government forms.
Department of Innovation, Industry, Science and Research (2007), Form Design Standards

Browser Version
Due to differences in display between IE and Mozilla – forms created for a client **must be** TESTED in the browser that will be used..

Layout
Forms elements are contained in groups which provide a boxed outline similar to a text box in Word.
1. Each form should have minimum of one group
2. Use a group where a section or group of questions is defined on a paper form
3. Each group has a Static Text heading with the section title bolded using html tags Bold

Static text element with bold heading

Black outline formed by group

Text
Forms have a consistent default text in both edit and view mode – it is recommended not use html to change this.

Text fields
Use where only limited text required
Small – default entry
Medium – 100 (characters)
Large – 180 (no wider)

Text areas
Standard width – No wider than 150 columns
Standard depth
Average text area – Default of no entry is suitable
Large text area – 5 rows
Extra large – 10 rows
NB: Text area's wrap text and add scroll bars in edit mode and display all entered text in View mode

Tables
Tables provide the ability to display fields horizontally across the screen but care needs to be taken that too many fields are not placed across the page causing spill over off the screen. Consideration needs to be given to any "show if" elements that may also be part of the row. In general for average size fields 3 -4 columns is the maximum that will reasonably fit on an average screen.
If questions or field headings are particularly long reduce the number of columns accordingly.

Highly Structured Tables

Row 1 = Labels for the columns below
Row 2 = Label then text fields without Titles

"Show if "warnings or other instructional text
A consistent approach to user prompts or warnings is required
All warnings should be a static text element but text not bolded

Static text element with non bolded text

Select lists
- The Select list element creates drop down lists
- All select lists should have a blank first item so there is NOT a default selection when the form is created

Forms with calculations
- All questions that result in a calculation should be mandatory

Date Picker
- Minimum size to allow for long month e.g. September is 16

- Default size – no entry in Size field

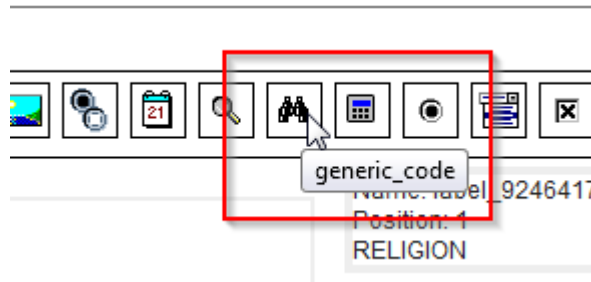## Adding a Generic Code to a form

The forms builder allows you to display the value from a generic code list.

The guide below shows you how to add the generic code list for "Religion".

1. In the edit view of the form you want to add the generic code list to, Drag the Generic Code element into the builder window

2. Next, open a new web browser tab and navigate to Admin > Generic Codes. You now need to scroll through the screens to find the generic code for Religion. You need to know the name of the generic code as it appears in the system. Make a note of the name.

3. Back in the forms builder, click on the generic code element to display its properties:

Table: this should be the name of the generic code list as it appears in CareRight. E.g. *Religion*

Read Only: If you want the person filling out the form to be able to change the value that appears in the generic code list, then leave this as *No*. If they change the value, when the form is approved, this will write back into the clinical record for the patient. If Read Only = Yes, then the value will display and the person completing the form will not be able to change it.

Advanced code form compiler

For advanced users of the forms builder, we now have a tool that allows you to write the code for a form, instead of using the drag and drop forms builder.

Source code for a form is written in YAML, compiled and a *.form* file is generated. This can then imported into CareRight.

This approach to building forms requires:

- a basic understanding of writing source code in YAML, XML or another a programming language
- advanced understanding on the forms builder and elements

If you are interested in using this please contact Clintel to discuss.